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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/825,980
		Filing Date	04/16/2004
		First Named Inventor	Joseph A.A.M. Tourne
		Group Art Unit	2874
		Examiner Name	Ellen E. Kim
Total Number of Pages in This Submission	13	Attorney Docket Number	8245.066

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	See remarks below:
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
1. Amendment (10 pages); 2. Fee Transmittal (1 page); 3. Fee Determination Record (1 page); 4. Transmittal Form (1 page); and 5. Postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 P. O. Box 16370, Oklahoma City, Oklahoma 73113, Marc A. Brockhaus	
Signature		
Date	11-12-2004	

CERTIFICATE OF MAILING

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Fee Transmittal for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/825.980
TOTAL AMOUNT OF PAYMENT (\$ 0		Filing Date	04/16/2004
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METHOD OF PAYMENT (check all that apply)		Fee Calculation (continued)																																																																																																																																																																																																																																																			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td></tr> <tr><td>1201 88</td><td>2201 44</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203 300</td><td>2203 150</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204 88</td><td>2204 44</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="2">SUBTOTAL (2) (\$ 0</td><td></td></tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Code (\$)	Fee Code (\$)	Fee Description	1202 18	2202 9	Claims in excess of 20	1201 88	2201 44	Independent claims in excess of 3	1203 300	2203 150	Multiple dependent claim, if not paid	1204 88	2204 44	** Reissue independent claims over original patent	1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$ 0			Fee Calculation (continued)																																																																																																																																																																																																																											
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Name (Print/Type)	Marc A. Brockhaus	Registration No. (Attorney/Agent)	40,923																																																																																																																																																																																																																																																		
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